PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications. | ed below or directed of | for transmitting the ISS ng the Patent, advance herwise in Block 1, by | SUE FEE and PUBLICATI orders and notification of r (a) specifying a new corres | spondence address; | ; and/or (o |) indicating a sepai | ate TEE ADDRESS TO |
|--|---|--|---|---|--|---|----------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 33308 | 7590 Ham 04/14 | 1/2008 | | | | Mailing or Transn | niccion |
| | TMAN & BERNI AL ROAD, SUITE ., VA 22314 | I he Stat addı tran | reby certify that thes Postal Service were well to the Mail smitted to the USP | nis Fee(s) To vith suffici Stop ISS TO (571) 2 | Fransmittal is being ent postage for first SUE FEE address a 273-2885, on the da | deposited with the United class mail in an envelope above, or being facsimile te indicated below. | |
| | | | | | | | (Depositor's name) |
| | | | (Signature) | | | | |
| | → | | | | - | (Date) | |
| APPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. CONFIRMATION NO. | | |
| 10/575,273 04/11/2006 | | | Richard Morisson 4590-497 8877 | | | | |
| TITLE OF INVENTION | _ | HFOR ANALOG/DIG | ITAL CONVERTER | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | e fee i | OTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 \$174 | | \$1740 | 07/14/2008 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| JEAN PIERRE, PEGUY 2819 | | | 341-155000 | | | | |
| | ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or typ | e) | | | |
| | | | e data will appear on the pa or a substitute for filing an | | ee is ident | ified below, the do | cument has been filed for |
| (A) NAME OF ASSIC | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Atmel Gre | enoble | France | | | | | |
| Please check the appropri | ate assignee category or | categories (will not be p | orinted on the patent): | Individual Y Co | orporation of | or other private grou | p entity Government |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
| Issue Fee | | ☐ A check is enclosed. Payment by credit card. Form PTO-2038 is attached. | | | | | |
| ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1337 (enclose an extra copy of this form). | | | | |
| Advance Order - II | of copies | | overpayment, to Depos | sit Account Numbe | 3 <u>07 - 1</u> | .337 (enclose an | extra copy of this form). |
| | SMALL ENTITY statu | s. See 37 CFR 1.27. | b. Applicant is no long | | | | |
| NOTE: The Issue Fee and interest as shown by the r | Publication Fee (if reque cords of the United Sta | uired) will not be accepte tes Patent and Trademan | ed from anyone other than the k Office. | ne applicant; a regi | stered attor | rney or agent; or the | assignee or other party in |
| Authorized Signature | 7 | a M. Ber | rei | Date | 5/13/ | 08 | |
| Typed or printed name | Kenneth M | Registration No. 37,093 | | | | | |
| submitting the completed | application form to the | HSPTO Time will war | on is required to obtain or re 1.14. This collection is esti y depending upon the indivine Chief Information Office | dual case Any co | mments or | n the amount of fim | e vou require to complete |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.